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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OCT 20 '89

O.C.D.
OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Harvey E. Yates Company	Well API No. 30-015-26158
Address P.O. Box 1933, Roswell, New Mexico 88202	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name AJ 11 Federal	Well No. #2	Pool Name, Including Formation Tamano-Bone Springs	Kind of Lease State, Federal or Fee	Lease No. LC-029388 (b)
Location Unit Letter <u>I</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>11</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston, Texas 77252					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 11	Twp. 18	Rge. 31	Is gas actually connected? Yes	When? 10/8/89

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 8/19/89	Date Compl. Ready to Prod. 10/7/89		Total Depth 8966		P.B.T.D. 8260			
Elevations (DF, RKB, RT, GR, etc.) 3750.3 GL	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 7995		Tubing Depth 8205			
Perforations 7995-8126					Depth Casing Shoe 8966			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		360		375			
12 1/4	8 5/8		2350		1000 filler & 200 tail			
7 7/8	5 1/2		8966		1100 filler & 325 tail			
	2 3/8		8025 8205					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 10/10/89	Date of Test 10/15/89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure n/a	Casing Pressure n/a	Choke Size n/a
Actual Prod. During Test 260	Oil - Bbls. 167	Water - Bbls. 93	Gas - MCF 198

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature A.M. Young Drilling Superintendent
Printed Name NM Young Title
Date 10/17/89 Telephone No. (505) 623-6601

OIL CONSERVATION DIVISION

Date Approved OCT 31 1989

By ORIGINAL SIGNED BY
MIKE WILSON
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.